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September 26, 2006

TO: Examiner Lorna M. Douyon, Group Art Unit 1751
TELEFAX NUMBER: 571-273-8300
PHONE NUMBER: 571-272-1313
COMPANY/FIRM: U.S. Patent and Trademark Office
FROM: Mark A. Montana, Esq. – Reg. No. 44,948
Attorney Docket No.: 102792-333
Applicant: Wiedemann, et al.
Serial No.: 10/505,565
Filing Date: August 24, 2004
Confirmation No.: 3643
Title: CONTAINER

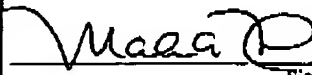
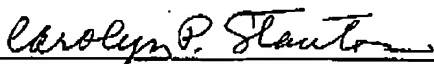
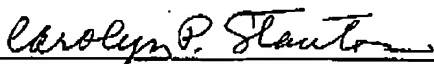
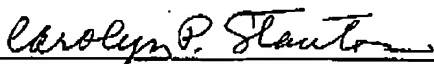
Enclosed for filing are the following documents:

- Petition for Extension of time
- Amendment Transmittal Letter
- Amendment under 37 C.F.R. §1.111

We are transmitting 17 pages, including 1 cover page. If the transmission is not complete, please call (908) 722-0700 extension 288 and ask for Carolyn Stanton.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 102792-333									
Applicant(s): Wiedemann, et al														
Application No. 10/505,565	Filing Date August 24, 2004	Examiner Lorna M. Douyon	Customer No. 23526	Group Art Unit 1751	Confirmation No. 3643									
Invention: CONTAINER														
<u>COMMISSIONER FOR PATENTS:</u>														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	8 -	20 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 14-1263 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ Signature			Dated: September 26, 2006											
Mark A. Montana, Esq. - Reg. 44,948 Norris, McLaughlin & Marcus P.O. Box 1018 Somerville, NJ 08876 Tel.: 908-722-0700			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">September 26, 2006</td> <td style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">  _____ Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Carolyn P. Stanton Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		September 26, 2006	(Date)	 _____ Signature of Person Mailing Correspondence		Carolyn P. Stanton Typed or Printed Name of Person Mailing Correspondence	
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CC:														